

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY013 Date of Visit: 12/13/19 - 12/16/19

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	3. _____
2. _____	4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO6145-6147FQT, WO6361SA, WO6362SA, WO6418PMM, WO6426PMQ
2. WO6430PMS, WO6229QT, WO6363SA, WO 6431PMS
3. FILTERS, HEATERS, KITCHEN HOOD, OUTSIDE LIGHTING, GATES,
4. WALL PACK LIGHTING, VEHICLE EXHAUST
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/16/19

Signed: 

To be signed by Facility Manager:

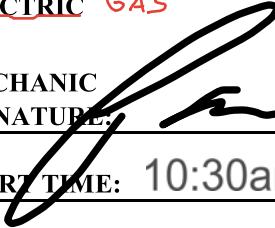
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC KEVIN STEWART Date: 12/16/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, ELECTRIC *GAS*

SITE AND BLDG #: **NY013-02**MECHANIC
SIGNATURE: DATE: **12/13/19**LOCATION/RM #: **WO# 6363 ASSET # 9250**START TIME: **10:30am**FINISH TIME: **11:15am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check heater coils and associated piping for leaks or corrosion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks or corrosion
2	Clean heating coil. Brush vacuum where accessible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no charred or frayed wires no gas leaks
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fan is good
5	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no noise or vibration
6	Verify proper control by modulating the thermostat through complete cycle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Inspect unit for proper operation and associated T-Stat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit functions properly with thermostat
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit is in good condition

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: HVAC Technician

Additional Notes: this is a gas unit and is functioning properly